

Signature of Treasurer

Signature of Candidate (if applicable)

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R5 / 10-17) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

COMMITTEE INFORMATION							
1. Full Name of Candidate (Include any nickname.)	☐ Check if this is a	a new name. 2. Committee	ne. 2. Committee Telephone Number				
Abbie Michelle Smith		(765)	450-9391				
3. Mailing Address (Address where all campaign fi	nance corresponde	nce is received.)	f this is a new address.				
PO Box 2881	,						
4. City	State	ZIP Code	5. Party Affiliation or If I	ndependent Candidate			
Kokomo	IN	IN 46904		Democratic			
6. Office Sought (Include district number, if any. Not required for		oratory committee.)	7. County of Residence				
City of Kokomo Mayor			Howard				
8. Reporting Period (mm/dd/yy):							
From: 10/12/19	Through: 11/0	03/19					
For classification, enter INDV for individual; PAC for political	action committee: CORF	of for corporation; LAB for labor orga	nization; OTHER for all entries	which are not one of the abo			
CONTRIBUTOR'S FULL NAME AND		TYPE OF CONTRI	BUTION	COLUMN A	DATE RECEIVED (mm/dd/yy)		
FULL MAILING ADDRES (street, number, city, state, ZII		OR OTHER RE	CEIDT	AMOUNT OF CONTRIBUTION	RECEIVED BY		
Classification 1. Cope IBEW 873		Contributions:					
PAC 273 N. 50 E.		☑ Direct					
Kokomo, IN 46901		☐ In-Kind (describe)			10/17/19		
			,	****	10/1//10		
		Other Receipts:	;	\$3,000.00			
		☐ Interest ☐ Loan			Melissa Domingues		
		☐ Miscellaneous (spe	ecify)				
Contributor's Occupation (if applicable)							
Classification 2.		Contributions:					
		☐ Direct					
		☐ In-Kind (describe)					
		Other Receipts:					
		☐ Interest ☐ Loan					
		☐ Miscellaneous (spe	ecify)				
Contributor's Occupation (if applicable)							
Classification 3.		Contributions:					
		☐ Direct					
		☐ In-Kind (describe)					
		Other Bereitster					
		Other Receipts: ☐ Interest ☐ Loan					
		☐ Miscellaneous (spe	ecify)				
Contributor's Occupation (if applicable)							
	CERTIFICAT	ION		FOR OFFIC	E USE ONLY		
I CERTIFY THAT I HAVE EXAMINED THIS ST			DGE AND BELIEF IT IS	S			
TRUE, CORRECT AND COMPLETE.							

Date (mm/dd/yy)

Date (mm/dd/yy)

10/17/19

10-17-19

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

Title

Treasurer

FILED

OCT 1 8 2019

DEBBIE STEWART Clerk Howard Cir. Court



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

(CFA-11)

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Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

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FILE NUMBER

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1

		CC	DMMITTEE II	NFORMATIC	ON			
1. Full Name of C	I. Full Name of Candidate (Include any nickname.)							
Abbie Mic	Abbie Michelle Smith (765) 450-9391							
3. Mailing Addres	s (Address where all campaign fi	nance corresponde	nce is received.	Check it	this is a new	address.		
PO Box 2	881							
4. City		State	ZIP Code		5. Party Affil	iation or If Independent Candidate		
Kokomo		IN 46904		Democratic				
6. Office Sought	Include district number, if any. N	ot required for explo	oratory committe	ee.)	7. County of			
City of Ko	komo Mayor				Howard			
8. Reporting Perio	,							
From: 10/1:	2/19	Through: 11/0)3/19					
For classification, en	ter INDV for individual; PAC for political	action committee: CORF	o for corporation; L	AB for labor orga	nization; OTHER	for all entries which are not one of the abo	ve categories.	
CO	NTRIBUTOR'S FULL NAME AND	OCCUPATION		TYPE OF CONTRI	DUTION	COLUMN A	DATE RECEIVED	
	FULL MAILING ADDRES (street, number, city, state, Zli	S		TYPE OF CONTRI OR OTHER REC		AMOUNT OF CONTRIBUTION	(mm/dd/yy) RECEIVED BY	
Olera Martin			Contrib	dia anni		CONTRIBOTION	RECEIVED BY	
Classification OTHER	 Indiana Democratic Part 115 W. Washington ST, 		Contribu					
OTTIET	Indianapolis IN 46204	312 1103	☐ In-H	(ind (describe)			10/29/19	
	malamapone in 1020 i						10/29/19	
			Other R	eceipts:		\$4,000.00		
			A Administration	erest Loan			Melissa Domingues	
			☐ Mis	cellaneous (spe	ecify)			
Contributor's Occupa	ation (if applicable)							
Classification	2. ActBlue		Contribu					
PAC	PO Box 441146		☑ Dire					
	Somerville, MA 02144-0	031	☐ In-h	(ind (describe)			10/30/19	
			-			\$1,020.00		
			Other R			Ψ1,020.00	Maliana Deminaura	
				erest Loan	20(64)		Melissa Domingues	
			LI MIS	cellaneous (spe	icity)			
Contributor's Occupa								
Classification	3.		Contribu	1000				
				(ind (describe)				
				(22001.00)				
			Other R	eceints:				
				erest Loan				
			☐ Mis	cellaneous (spe	ecify)			
Contributor's Occupa	ation (if applicable)							
		CERTIFICAT					E USE ONLY	
	T I HAVE EXAMINED THIS ST	ATEMENT. TO TH	IE BEST OF N	IY KNOWLE	GE AND B	ELIEF IT IS		
Signature of Tr	CT AND COMPLETE.	Title			Date (mm/dd/y	y)	IFD	

Signature of Treasurer

Signature of Candidate (if applicable)

Treasurer

10/30/19 Date (mm/dd/yy)

10/30/19

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		COMMITTEE INFORMA	TION			
1. Full Name of Candidate (Include an	is a new name. 2. Commi	ttee Telephone Nu	umber			
Abbie Michelle Smith	(765	765 ₎ 450-9391				
3. Mailing Address (Address where a	Il campaign finance correspon	dence is received.)	eck if this is a new	address.		
PO Box 2881						
4. City	State	ZIP Code	100000	5. Party Affiliation or If Independent Candidate		
Kokomo	l IN	46904	Demod			
6. Office Sought (Include district num	nber, if any. Not required for ex	ploratory committee.)		7. County of Residence		
City of Kokomo Mayor			Howar	d		
8. Reporting Period (mm/dd/yy):	4.4	100110				
From: 10/12/19	Through: 11					
For classification, enter INDV for individual;	PAC for political action committee: CC	ORP for corporation; LAB for labor	organization; OTHER	for all entries which are not one of the at		
	NAME AND OCCUPATION	TYPE OF CO	NTRIBUTION	COLUMN A	DATE RECEIVED (mm/dd/yy)	
	ING ADDRESS city, state, ZIP code)		RECEIPT	AMOUNT OF CONTRIBUTION	RECEIVED BY	
Classification PAC 1. ActBlue PO Box 4411	146 MA 02144-0031 CT I 46140	Contributions:	pan (specify) ibe)	\$1,000.00 \$1,000.00	10/29/19 Melissa Domingues 10/29/19 Melissa Domingues	
Classification 3. Hogsett for II OTHER 133 W. Mark		Contributions:			1	
Indianapolis		☐ In-Kind (descr	ibe)		10/29/19	
Contributor's Occupation (if applicable)		Other Receipts: Interest Lo		\$2,000.00	Melissa Domingues	
	CERTIFICA	TION		FOR OFF	ICE USE ONLY	
I CERTIFY THAT I HAVE EXAMIN	NED THIS STATEMENT. TO		LEDGE AND B			

Date (mm/dd/yy)

Date (mm/dd/yy)

10/30/19

10/30/19

Title

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